

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION			
O.I.P.E. CLASSIFIER	<i>CMH</i>	47477	02/15/02
FORMALITY REVIEW			
RESPONSE FORMALITY REVIEW			

### INDEX OF CLAIMS

✓ ..... Rejected      N ..... Non-elected  
 = ..... Allowed      I ..... Interference  
 - (Through numeral)..... Canceled      A ..... Appeal  
 + ..... Restricted      O ..... Objected

Claim	Final	Original	Date
1	1	1	12/10/01
2	2	2	12/10/01
3	3	3	12/10/01
4	4	4	12/10/01
5	5	5	12/10/01
6	6	6	12/10/01
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Claim	Final	Original	Date
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100	100	100	12/10/01

Claim	Final	Original	Date
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146	146	146	12/10/01
147	147	147	12/10/01
148	148	148	12/10/01
149	149	149	12/10/01
150	150	150	12/10/01

If more than 150 claims or 10 actions  
 staple additional sheet here

(LEFT INSIDE)

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